

MULTIPLE DEPENDENT CLAIMS FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER INDEPENDENT		AFTER INDEPENDENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.				
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
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42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	4					TOTAL IND.			
TOTAL DEP.	6					TOTAL DEP.			
TOTAL CLAIMS	10					TOTAL CLAIMS			

Best Available Copy